

Chapter Two

Using NCAST's Keys to CaregivinG™



Caring for infants is rewarding—and challenging—work. Research abounds concerning the importance of care in the first three years of life, and parents and providers can feel supported as well as overwhelmed as they try to apply this information to their caregiving. This chapter provides an overview of the materials in *Keys to CaregivinG™* as described by the Nursing Child Assessment Satellite Training (NCAST) programs as well as other principles of care for infants. The primary focus of *Keys to CaregivinG™* is on caregiver-child interactions—this chapter will explain the elements of these interactions and how to incorporate them in daily routines in child care settings. *Keys to CaregivinG™* and additional NCAST materials are listed in the Resources and References Section.

Despite the increased awareness in recent years about brain development and infants' abilities, many people continue to believe that the primary behaviors of infants are to eat, sleep, cry, and stay awake briefly. Experienced caregivers know, however, that these behaviors are complex, change throughout the early months of life, and have implications for caregiving. Your role as a consultant may involve translating to providers and families what is being learned about infants' behaviors so they can respond to the needs of the children in their care.

Using NCAST Principles and Tools in Your Consultation Practice

Many health consultants have received Nursing Child Assessment Satellite Training (NCAST) or work in Health Departments with nurses who have learned how to use these tools when working with families with newborns. Many nurses also have found this information helpful in their practice with infant caregivers.

The NCAST program is in the process of modifying some of their materials for use in child care settings, and some health consultants adapt the materials developed for parents to share this valuable information with child care providers. For child care providers, knowledge about states, infant behaviors and cues, and feeding interactions is essential in their caregiving role. This chapter summarizes these concepts and tools available as well as provides suggestions about how to use them in your consultation.

Sleep/Awake States and State Modulation

NCAST has provided valuable research about infants' different levels of sleeping and waking states and the types of behaviors infants exhibit during each state. Healthy infants tend to have organized sleep and wake states that create sleep cycles and patterns. Helping caregivers to understand these cycles provides a basis for them to get to know the infants in their care and to develop sensitivity in helping the infants move through and maintain sleep/wake states (state modulation).

Infants' Behavior and Implications for Caregiving

Infants' Behavior and Implications for Caregiving

continued

There is a wealth of information in several NCAST publications about sleep/awake states, sleep duration during the first three years, and caregivers' responses. The health consultant should refer to *Beginning Rhythms – The Emerging Process of Sleep Wake Behavior and Self-Regulation* for detailed information about these infant care concepts.

The Keys to Caregiving™ Booklet 1: Infant States has translated much of this research into practical terms for parents. Some health consultants further adapt the information in these tools for child care providers by:

1. Describing caregiving implications specific to group care settings;
2. Suggesting caregivers notice sleep and awake behaviors of the infants in their care;
3. Encouraging caregivers to engage in conversations with families about sleep/wake states and state modulation for the infants in their care;
4. Assisting caregivers to use the Sleep/Activity Record if there are concerns about states for particular infants;
5. Sharing information with families about sleep management at home, especially waking up during the night as described in *Beginning Rhythms*.

Dealing with Distress and Crying

Crying is the infant's most effective way of signalling for help; it also is a challenging behavior for staff caring for three to four infants at a time. NCAST researchers have found that in the first twelve weeks infants in North America cry an average of two hours in a 24-hour period. Infants reach the peak of crying right about the time many of them enter child care arrangements (six to eight weeks) with a range of two to four hours of crying a day. Additionally, much of that crying is in the afternoon and evening hours, the time infants in child care also are separating from the provider and reuniting with their families.

Research also has shown that caregivers who respond within 15 seconds to the cries of an infant can reduce crying time—also a challenge in a group setting. As you consult with infant caregivers, you can expect that they may turn to you for help about how to deal with crying behavior. *Beginning Rhythms* and *the Keys to Caregiving™* pamphlets provide helpful information about attending to infants' crying episodes as well as ways to prevent crying. You can share this information with providers and plan strategies to incorporate some of the suggestions into their settings. For example, a program might incorporate some of the items in the "Crying Questionnaire" (see box next page) into their child/family history form and/or modify the questionnaire to help staff get to know the infants in their care. The crying questionnaire is useful for understanding the infant's usual patterns. After using the "Crying Questionnaire," a conversation or planning meeting with staff might help them initiate strategies to prevent or decrease crying.

Infant Cues

The language of infants is accomplished primarily through nonverbal forms of communication called "cues." For caregivers unfamiliar with these signals, the NCAST materials about infant cues can provide much practical information that will help in their interactions. Helping caregivers understand and respond to infants' cues lays the foundation for a communication bond that is critical for social-emotional development and trusting relationships.



Caregiver Tip

Crying Questionnaire

1. When does the infant cry?
2. Is there a pattern to the infant's crying?
3. What types of things seem to upset the infant?
4. How is the infant soothed when upset?
5. How do you and other caregivers react to the infant's crying?

(Adapted from the NCAST book, *Beginning Rhythms – The Emerging Process of Sleep Wake Behavior and Self-Regulation*)

**Infants'
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For some infant caregivers, the recognition of different cues and modifying of responses may be new. *The Keys to Caregiving™ Study Guide* and *Booklet 3: Infant Cues* provide essential information for caregivers about engaging and disengaging cues as well as the responsibilities that caregivers and infants have in keeping interactions going. These concepts also lay the foundation for understanding the clustering of cues around feeding, and can increase caregivers' sensitivity to cues and confidence in knowing how to respond to infants' communication.

In the *Keys to Caregiving™* program, Tape 3 focuses on infant cues. Some health consultants have used excerpts from that videotape, as well as the parent booklet, to train caregivers to recognize the ways infants communicate that they are ready to interact or that they need a break. Examples of potent and subtle cues in the video can set the stage for discussions among the child care staff about the cues they have noticed of infants in their care, and how those signals influence their interactions. This information also provides the caregivers with a vocabulary to discuss their methods of infant communication and interactions with families. With this background, infants are no longer viewed as being difficult to understand, and caring for them is more enjoyable.

Feeding Interactions

With young infants, feeding is one of the most consistent times for caregivers to come to know and better understand infants' behavior, respond to their cues, and to interact with them. In group care settings, caregivers must be sensitive to the needs and signals of as many as four infants at a time. Knowledge about potent and subtle hunger and satiation cues will help caregivers respond to infants' individual needs and to make feeding interactions more satisfying. Detailed information about feeding interactions is included in the *Keys to Caregiving™ Study Guide* and *Booklet 5: Feeding is More Than Just Eating*. Information about infant nutrition is in Chapter 5 of this manual.

In the *Keys to Caregiving™* program, Tape 5 focuses on the feeding interaction, with examples of infants' feeding cues as well as caregivers' contingent and responsive behavior. These NCAST tools can help you as you work with providers around this critical aspect of caring for infants.

Infants' Behavior and Implications for Caregiving

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The stages an infant goes through when transitioning from one state to another are particularly important for a caregiver to recognize. Since each infant has individual processes for controlling, organizing, changing, or maintaining states of awake/sleep states it is important for the child care provider to glean as much information as possible from the parents before the child enters care. Ask parents to fill out the Sleep Activity Record (SAR)[™] developed by NCAST Programs (see Resources and References).

Transitions, especially from sleep to waking can be handled in several ways by the caregiver. They can wait for the infant to gain control or they can alleviate any stress by soothing the child through holding, rocking, singing, etc. This is described in more detail in the *Keys to Caregiving[™]* study guide.

In summary, the two major principles in state modulation provide variety to awaken the infant and repetition to soothe the infant. Positive, effective awaking techniques lead to more socially responsive infants, and soothing techniques promote more harmonious relationships between the caregiver and child.



Caregiver Tip

Tips for Culturally Sensitive Care

1. Provide cultural consistency – do things in a manner that follows the form and style of what the child is familiar with at home.
2. Work toward representative staffing – cultural representation at all levels of staff and management.
3. Create small groups of children.
4. Use the home language – with children and families.
5. Make environments relevant – pictures of the children, their families, and their communities sends the message that who they are and where they come from is valued.
6. Uncover your own cultural beliefs – even simple acts of daily care (i.e. feeding, napping) reflect caregivers' cultural values.
7. Be open to the perspectives of others – an awareness of multiple perspectives on child rearing leads to respect for others' beliefs even when different from the caregiver's.
8. Seek out cultural and family information – gathering information is an essential part of culturally sensitive care.
9. Clarify staff and family values.
10. Negotiate cultural conflicts – an essential part of the family/caregiver relationship.

Developmentally appropriate programs for infants are distinctly different from programs for older children. They are NOT a scaled-down version of quality programs for preschool children. In the early months of life, warm, supportive, and dependable adult-child interaction is essential for young children's growth and development. Because some of the most basic elements of ethnic and cultural identity are established before age three, the setting also needs to be culturally relevant for the infants in care. This section will guide you in your role to help infant caregivers focus on the critical elements of appropriate care.

There is a growing body of information available in the early childhood profession specific to infant care. The National Association for the Education of Young Children (NAEYC) catalog lists numerous books that address program development for infants. You may want to add some of these materials to your library to use in conjunction with the caregiver concepts discussed in this chapter. Many health consultants also find it helpful to collaborate with early childhood infant specialists when consulting about best practices in infant care (check with community colleges and other education programs).

Some of the hallmarks of developmentally appropriate care for infants and toddlers include:

1. Caregivers engage in many one-to-one, face-to-face interactions with infants.
2. Infants are held and carried frequently; caregivers are supportive of toddlers as they acquire skills.
3. Caregivers are especially attentive to infants during diaper changing, feeding, and changing clothes. They view these routines as vital learning experiences for infants. For toddlers, caregivers recognize that routine tasks like eating, toileting, and dressing are important opportunities to help them learn about their world and regulate their own behavior.
4. Caregivers respond quickly and consistently to cries or calls of distress, recognizing that infants have limited language and use these forms to communicate their needs. Caregivers' responses are soothing and tender.

Developmentally Appropriate and Culturally Relevant Care for Infants and Toddlers in Child Care Centers and Homes



Health Consultant Tip Developmentally Appropriate Caregiving

The following are actions/activities the CCHC would observe and alert child care providers to do as part of their caregiving:

- Temperament styles differ, and infants need different approaches in response to these styles;
- Hold infants tenderly and cuddle extensively;
- Express verbal joy and bodily pleasure at the infant's being;
- Reassure with caresses and calm words;
- Offer your body and lap generously for needy infants;
- Give infants leisurely chances to explore toys at their own tempo;
- Explain your actions even to very young infants to give them a sense of the orderliness and meaningfulness of daily activities;
- Play reciprocal, turn-taking games.

Developmentally Appropriate and Culturally Relevant Care for Infants and Toddlers in Child Care Centers and Homes

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5. Caregivers adjust to infants' individual feeding and sleeping schedules; for toddlers, time schedules follow a relatively predictable sequence but are flexible and smooth, dictated more by children's needs than by the adults.
6. Families are viewed as the child's primary source of affection and care. Caregivers share information about the child and support families in their parenting role.

When young children are cared for by their parents and other family members, the process of cultural learning occurs naturally. But when young children under age three enter care outside the home, it can be a challenge to maintain the home culture as the central part of the child's life. The Program for Infant/Toddler Caregivers has developed a video (*Essential Connections: Ten Keys to Culturally Sensitive Child Care*) that recommends ways to provide a program that strengthens children's connections with their families and their home culture (see Resources and References Section).

Another excellent resource regarding culturally relevant care is the article "Responding to Cultural and Linguistic Differences in the Beliefs and Practices of Families with Young Children," from *Young Children*, May 2000.

Building Trust/Attachment

One of the critical tasks of the infant caregiver is to build a trusting relationship that promotes attachment. The term attachment is used to describe the enduring two-way relationship between infants and their primary caregivers (parents, other family members, child care providers).

The nature of the bonds between the primary caregivers and the infant is vitally important to the young child's mental health. This primary relationship provides infants the first view of their world, including their developing view of themselves (self-esteem, capacity for tolerating feelings, compassion, self-control).

A comprehensive reference about attachment for the health consultant is the article by Honig, "Mental Health for Infants: What Do Theory and Research Teach Us?" This article summarizes much of the research about attachment and its significance for mental health. The importance of consistent and responsive caregiving in infancy is emphasized by all attachment theorists. Some of the specific personal interaction patterns they describe can guide caregivers' actions.

Possible Signs of Emotional Distress

Caregivers often are in a position to notice cues of early indicators that an infant's mental health may be in jeopardy. The following signs may indicate emotional distress:

1. Dull eyes without sparkle;
2. Back arching and body stiffening as a regular response;
3. Eye gaze avoidance;
4. Limp, floppy, listless body (without illness);
5. Compulsive body rocking back and forth;
6. Diarrhea or very hard stools, without illness present;
7. Inconsolable crying for hours;
8. Reverse emotions (e.g., giggling hysterically when scared);
9. Impassiveness or anger when a peer is hurt or distressed;
10. Regular avoidance/indifference to parent at pickup time;
11. Banging headlong into furniture or otherwise hurting self a lot, without turning to caregiver for comfort.

If any of these signs appear consistently, you probably will be called upon to help caregivers work with the families, quickly responding to alleviate the infant's stress. The availability of infant mental health resources varies widely in communities, but often is limited. You undoubtedly will need to work with a variety of organizations and individuals to support the family, child, and child care providers to develop strategies at home and in the center to strengthen attachment with the caregivers.

Infant caregivers have an important responsibility both to provide care that helps infants develop trust and to support families to develop these bonds with their infants. You can share the caregiving principles and techniques described in this chapter with infant caregivers to help them promote attachment and to be alert to signs that indicate emotional distress and mental health troubles in infants.

**Building Trust/
Attachment
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- Model feeding and interacting with infants during your visits. Offer to feed an infant and talk with the provider about the feeding cues, etc.
- Ask staff if any infants have a difficult time going to sleep or waking up. If they identify some, provide specific hints regarding state modulation/wake/asleep states, etc.
- Offer to do a training, either one-on-one or in a small group, for staff and parents on state modulation, bonding, cues, feeding, and infant/parent/caregiver interaction.
- Observe infants and communicate observations to staff as well as describing interventions as appropriate.
- Provide a tool for gathering sleep/awake cycles for each infant in care.
- Identify resources in your community to help with infant/toddler mental health concerns.
- Identify ways to share NCAST concepts and materials with child care providers.
- Share the “Crying Questionnaire” found in this chapter with a provider (or parent) who has difficulty consoling a infant. Then help providers use the information to develop strategies to console the child.
- Talk with providers about their practices to ease transition into child care and the daily transitions during arrival at child care and the departure to home.

**Incorporating
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Infant Cues

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